greater decline in death rate as compared to birth rate.

To control the rapid growth of population in the country an Action Plan has already been evolved by the Ministry of Health and Family Welfare and is being operationalised. This has been endorsed by the Health and Family Welfare Ministers of States and Union Territories in January, 1992. The Action Plan highlights the need for evolving a natiotal consensus in support of the Family Welfare Programme and to obtain the willing participation of all sections of the society. Its key features include improving the quality and outreach of family welfare services, differential strategy for special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 Census), developing a mechanism to make available funds to States/Union Territories on the basts of reduction of actual birth rate, increasing the coverage of younger age couples through vigorous promotion of spacing methods, introducing new contraceptives and improving the quality of contraceptives, strengthening family welfare schemes in urban areas especially in slum pockets, revitalising training activities of medical/para-medical personnel with emphasis on motivational and counselling aspects, sustaining the good work done under the Universal Immunisation programme and strengthening of other interventions for Maternal and Child Health Care, reorientation of information, education and communication efforts to focus on the quality of life issues and inter-personnel communication, involving voluntary and non-governmental organisations in a big way to promote active community participation in the programme, gearing up of the implementation machinery in the States/ Union Territories and evolving high-level inter-sectoral coordination mechanism at the National, State and District levels.

The National Family Welfare Programme is being implemented on a voluntary basis among the entire population of the country regardless of their caste and religion.

Downgradation of Posts by AIIMS

19. SHRIMATI KAMLA SINHA :
DR. BAPU KALDATE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that certain senior posts in the AIIMS were advertised four times and, finally, when the candidates were selected by the selection committee, its recommendations were not only turned down by the Governing Body but the posts were downgraded and offered to juniors; and

(b) if so, what are the details thereof stating the reasons for advertising the posts four times when these were to be downgraded ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA); (a) and (b) The advertisements for filling up the posts in AIIMS were repeated so that wide publicity was given on an All India basis and new people got an opportunity to apply for the posts. The Governing Body of the Institute have devided that in future all appointments to the level of Associate Professor and Additional Professor would be made by promotion. However, as posts had already been advertised a number of times and the candidates had gone through the process of selection, it was decided to complete the process as legitimate expectations had been raised. However, to ensure that no injustice is done to internal candidates, it was decided that the appointments under the Assessment Promotion Scheme would be effected as per due date which was prior to the date of selection for those who were selected by lateral entry.

Completion of I. G. R. I. M. *S.*

20. SHRI V. NARAYANASAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Indira Gandhi Regional rrstihrte for Medical Sciences at Meghalaya sanctioned by the